EDD			Department Use Only
Serving the People of California			Location No.
			M V
ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT			Registration Date
See reverse for instructions. Please ch	neck appropriate box:	□ New EFT F	_
		☐ Change EF Payment M	
SECTION I		Fayineitiv	Employer Account Number
Business Name			Phone Number () -
Business Mailing Address (Number, Stree	t, Box Number)		
Business Mailing Address (City, State, ZIF	?)		
EFT Contact Person			Phone Number
Complete Section II or III below:			1
SECTION II			
☐ ACH Debit			
The Employment Development Department is and the bank is authorized to debit such acc required by statute or until the Employment I the EFT program.	ount. This authority is to	remain in full for	ce until EFT payments are no longer
Bank Name			☐ Telephone
Bank Address			□ Personal Computer
Bank Account Number	Routing Transit Number		☐ Terminal
Type of Account □ Checking	☐ Savings		☐ Mainframe/Flat File
Signature	Title		Date
IMPORTANT: If you have selected the ACF from the account to be debited. These will			
SECTION III			•
☐ ACH Credit			
The Employment Development Departmen tiate ACH credit transactions to the Employ the NACHA CCD+ format using the Tax Pay	ment Development Depa	irtment's bank a	ccount. These payments must be in

Return to Attn: EFT Unit, MIC 15 / Employment Development Department / P.O. Box 826880 / Sacramento CA 94280-0001 / (916) 654-9130 FAX: (916) 654-7441

Title

Agent or Bank Program Name (If Applicable)

the Employment Development Department provided for by statute.

Signature

Date

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION FORM

GENERAL

Please type or print clearly.

To obtain a copy of EDD's EFT Information Guide (DE 27), contact your local Employment Tax Customer Service Office or call the EFT Unit at (916) 654-9130.

SECTION I

Complete all of the blocks in this section.

Please use your eight-digit state employer account number, and **not** your federal I.D. number, when filling in your account number (e.g., 111-1111-1).

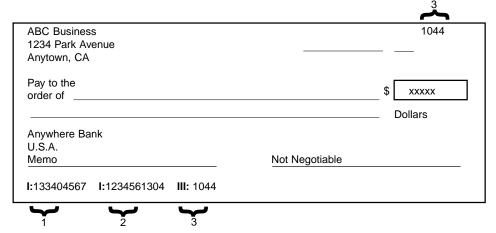
By checking the appropriate box in Section I, you may use this form to:

- Register for participation in the EFT program.
- Change the bank account you use for EFT transactions.
- Change your EFT payment method.
- Change your contact person and/or telephone number.

SECTIONS II AND III

Complete one of these sections, not both. Complete Section II if you have selected ACH Debit or Section III if you have selected ACH Credit. Check the appropriate box and complete each block of information.

- ACH Debit A voided check or bank specification sheet must be attached to the completed Authorization
 Agreement Form. These will provide verification of your bank account and routing transit numbers. Use the
 sample check below to locate the bank account and routing transit numbers for your bank. The signature should
 be the person who is authorized by your business to initiate ACH debit transactions.
- ACH Credit If you are using an agent or bank program, please indicate the agent or bank name on the form.
 The signature should be the person who is authorized by your business to initiate ACH credit transactions.



- Routing Transit Number (requires 9 digits)
- Bank Account Number (not to exceed 17 digits)
- 3. Check Number

NOTE:

- Mandatory EFT filers must continue to file electronically each subsequent year they meet the mandatory EFT requirement.
- 2. It is recommended that voluntary participation in the EFT program be for a minimum of one year.
- When you have returned your completed authorization form, you will receive a confirmation letter verifying the payment method you have selected.